				WWC-5			sion of Water	1						
		Correction [VATER WELL	_ Chang	e in Well Use			irces App. N			Well ID				
	y: Stafford	VATER WELL	Fraction	Section Sec 1/4 SE 1/4 SE 1/4 SE 1/4			ion Number Township Numb			ge Number				
	OWNER:		Street or Rural Address where well is located (if unknown, distance and											
Business:						direction from nearest town or intersection): If at owner's address, check here:								
Address:	Address: 991 NE 10th Avenue							2 South, 3 3/4 West of Hudson						
City:	St. John	s	tate: KS	ZIP: 67576	2 Souti	i, 3 3 <i>i</i>	4 West of	nuu	SOII					
3 LOCATE WELL A DEPTH OF COMPLETED WELL 60								_	20.0722					
Double (a) Const. (D.)								5 Latitude: 38.07323 (decimal degrees) Longitude: 98.72942 (decimal degrees)						
1	2) ft. 3) ft., or 4) \square Dry \							tude:	:	#.4	(decimal degrees)			
WELL'S STATIC WATER LEVEL:									<u>atitude/Longitude</u>		55 LI NAD 21			
below land surface, measured on (mo-day-yr)						GPS (unit make/model:)								
NW	above land surface, measured on (mo-day-yr) Pump test data: Well water was						(
w							☐ Land Survey ☐ Topographic Map ☐ Online Mapper:							
- SW	SE		Well w	vater was	Online Wapper									
3W	1 1	after	after hours pumping gpm					6 Florestion:						
<u> </u>	Bore Hole Di	Estimated Yield:gpm Bore Hole Diameter:10in. to60ft. an				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map								
	nile	Boile Hole Bil		in. to	Other									
7 WELL WATER TO BE USED AS:														
1. Domestic: 5. Public Water Supply: well ID														
	☐ Household 6. ☐ Dewaterin ☐ Lawn & Garden 7. ☐ Aquifer R			g: how many wells?	11. Test Hole: well ID									
Livesto		ecnarge: well ID	narge: well IDwell ID				☐ Cased ☐ Uncased ☐ Geotechnical							
2. 🗌 Irrigat	2. Irrigation 9. Environmental Remediation: well ID													
3. Feedlo		e ☐ Soil Vap	b) Op	b) Open Loop Surface Discharge Inj. of Water										
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):														
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Water well disinfected? ■ Yes □ No 8 TYPE OF CASING USED: □ Steel ■ DVC □ Other CASDIC IODITE ■ CITY ■ C														
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other														
Casing diameter 5 in to 60 ft., Diameter in to ft. Diameter in to ft. Casing height above land surface 18 in Weight SDR-26 lbs./ft. Wall thickness or gauge No.														
THE OF SCREEN ON FERFORATION MATERIAL:														
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)														
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
Louvered Shutter Key Punched Wire Wranged Saw Cut None (Open Hele)														
SCREEN-F	PERFORAT	ED INTERVAI	S: From	60 ft to 4	Ю 6 г	٥m	ft to		ft., From	ft. to	ft			
SCREEN-PERFORATED INTERVALS: From 60 ft. to 40 ft., From ft. to ft., From ft. to ft.														
GROUT WATERIAL: Neat cement Cement grout Bentonite Other														
Grout Intervals: From														
Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage														
☐ Sewer			ss Pool	☐ Sewage		_	uel Storage			ned Water V	Well			
wateright sewer times Seepage Pit Feedward Fertilizer Storage Oil Well/Gos Well														
Direction from well? South Distance from well? 223ft ft.														
IU PROM	TO	Li	THOLOG	GIC LOG	FRO		то п	ITH	O. LOG (cont.) or	PLUGGING	2 INTERVALE			
0	2	Top soil				_		· · · · ·	5. 25 5 (cont.) 01	LUGGIN	MILKVALS			
2	15	Clay												
15 34	34	Sand & gravel												
36	36 41	Clay	l -l -:											
41	60	Sand & gravel Sand & gravel		streaks						 				
• •		Cana & graver			Notes					_				
Titles.											ļ			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged														
under my jurisdiction and was completed on (mo-day-year) 9-6-19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 134														
unaci the o	usincss nan	C 01(3205)	, alle	CHIS EIR HIL		Nior	nature (*)	X /~~	A (100 A).	_				
under the business name of Rosencrantz- Bernis Ent Inc. Signature Signature Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,														
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.														
visit us at att	orwww.Kdflek	s.goy/waterweil/ind	ex.htmi		KSA 82	a-1212	2			Revised	7/10/2015			

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